11020183301

FEC FORM 2 STATEMENT OF CANDIDACY

SECRETARY OF THE SENATE

. (a) Name of Candidate (in full)			APR 19 AM 1:06
• • •			
Benjamin L Cardin (b) Address (number and street)	П	Check if address changed	2. Identification Number
P.O. Box 21093	, <u> </u>		S6MD03177
(c) City, State and ZIP Code			3. Is This San Now Amended
Catonsville	MD	21228	Statement (N) OR (X) (A)
. Party Affiliation	5. Office Sought		strict of Candidate
DEMOCRATIC PARTY	Senate	MD 00	
		INCIPAL CAMPAIGN	
I hereby designate the following name			(year of election)
NOTE:This designation should be	e filed with the appropriate t	office listed in the instruction	is.
(a) Name of Committee (in full)			
Ben Cardin for Senate	•		
(b) Address (number and street)			•
P.O. Box 21093			
(c) City, State and ZIP Code			
Catonsville	MD	21228	
		HER AUTHORIZED (oint Fundraising Representa	
candidacy.	. (Including J	oint Fundraising Representa my principal campaign commi	
candidacy. NOTE:This designation should be	. (Including J	oint Fundraising Representa my principal campaign commi	atives)
candidacy.	. (Including J	oint Fundraising Representa my principal campaign commi	atives)
candidacy. NOTE:This designation should be	. (Including J	oint Fundraising Representa my principal campaign commi	atives)
candidacy. NOTE:This designation should be (a) Name of Committee (in full)	. (Including J	oint Fundraising Representa my principal campaign commi	atives)
candidacy. NOTE:This designation should b (a) Name of Committee (in full) RI MN MD Victory Fund	. (Including J	oint Fundraising Representa my principal campaign commi	atives)
candidacy. NOTE:This designation should be (a) Name of Committee (in full) RI MN MD Victory Fund (b) Address (number and street)	(Including Job of Committee, which is NOT of the filed with the principal car	oint Fundraising Representa my principal campaign commi	atives)
candidacy. NOTE:This designation should be (a) Name of Committee (in full) RI MN MD Victory Fund (b) Address (number and street) 426 C St NE	(Including Job of Committee, which is NOT of the filed with the principal car	oint Fundraising Representa my principal campaign commi	atives)
candidacy. NOTE:This designation should be (a) Name of Committee (in full) RI MN MD Victory Fund (b) Address (number and street) 426 C St NE (c) City, State and ZIP Code Washington	(Including Job committee, which is NOT of the filed with the principal care Suite 202	oint Fundraising Representa my principal campaign commit mpaign committee. 20002	atives)
candidacy. NOTE:This designation should be a committee (in full) RI MN MD Victory Fund (b) Address (number and street) 426 C St NE (c) City, State and ZIP Code Washington I certify that I have expected to the control of the	(Including Job committee, which is NOT of the filed with the principal care Suite 202	oint Fundraising Representa my principal campaign commit mpaign committee. 20002	atives) ittee, to receive and expend funds on behalf of my
candidacy. NOTE:This designation should be (a) Name of Committee (in full) RI MN MD Victory Fund (b) Address (number and street) 426 C St NE (c) City, State and ZIP Code Washington I certify that I have example of Candidate	(Including Job committee, which is NOT of the filed with the principal care Suite 202	oint Fundraising Representa my principal campaign commit mpaign committee. 20002	atives) ittee, to receive and expend funds on behalf of my ge and belief it is true, correct, and complete.
candidacy. NOTE:This designation should be (a) Name of Committee (in full) RI MN MD Victory Fund (b) Address (number and street) 426 C St NE (c) City, State and ZIP Code Washington I certify that I have expended to the control of Candidate	(Including Jied committee, which is NOT is efiled with the principal care Suite 202	oint Fundraising Representa my principal campaign commit mpaign committee. 20002 If to the best of my knowledge	atives) itee, to receive and expend funds on behalf of my ge and belief it is true, correct, and complete. Date 1/13/2011
candidacy. NOTE:This designation should be (a) Name of Committee (in full) RI MN MD Victory Fund (b) Address (number and street) 426 C St NE (c) City, State and ZIP Code Washington I certify that I have ex	(Including Jied committee, which is NOT is efiled with the principal care Suite 202	oint Fundraising Representa my principal campaign commit mpaign committee. 20002 If to the best of my knowledge	atives) itee, to receive and expend funds on behalf of my ge and belief it is true, correct, and complete.

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundralsing Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

CA RI MN MD VICTORY FUND

(b) Address (number and street) 426 C ST NE

(c) City, State and ZIP Code

Washingtotn

20002





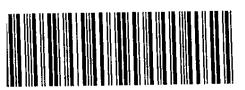


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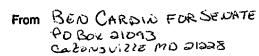
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Label 228, January 2008

"dountry of Destination: /Pays de destination:





DANA K. MCCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

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